

<u>TITLE</u>	<u>GRADE</u>	<u>EEO-4</u>	<u>CODE</u>
MEDICAID SERVICES SPECIALIST III OPTIONS: A. MEDICAL B. SOCIAL WORK	34	B	12.330
MEDICAID SERVICES SPECIALIST II OPTIONS: A. MEDICAL B. SOCIAL WORK	33	B	12.369
MEDICAID SERVICES SPECIALIST I OPTIONS: A. MEDICAL B. SOCIAL WORK	31	B	12.373

SERIES CONCEPT

Medicaid Services Specialists perform professional work in evaluating individuals referred to the medical services program and providing ongoing case management services to Medicaid eligible clients; evaluating the need for medical services, treatment, equipment and supplies and authorizing payment; screening individuals to determine appropriateness of nursing facility placement and level of care; and perform other related duties as assigned.

Medicaid Services Specialists assigned to a district office conduct Pre-Admission Screening and Annual Resident Reviews (PASARR); participate as a member of a medical review team; provide ongoing case management services and participate in program development for medical assistance programs to include the disability/incapacity program, rehabilitation program, and maternal obstetrical management program (MOMS) and may process authorizations for medical services, treatment, equipment and supplies. Depending upon the office to which assigned, Medicaid Services Specialists may also perform auxiliary professional duties associated with other social service programs such as adult protective services and homemaker services.

Medicaid Services Specialists assigned to the central administrative office process authorizations for medical services, treatment, equipment and supplies; participate in program development, implementation, and monitoring of medical assistance programs; compose policy manual sections, procedure memorandums, and provider bulletins; update procedures codes and unit values; conduct utilization review; and coordinate and participate in annual reviews of the care provided to residents of Medicaid certified facilities.

Positions allocated as Resource Specialist within a Medicaid unit provide information to clients; refer and encourage clients to utilize services such as periodic health screening programs and managed care programs to promote wellness and reduce Medicaid expenditures; coordinate and authorize services; and resolve related grievances. Medicaid Services Specialists are distinguished from Resource Specialists by the greater degree of judgment and level of decision making authority associated with evaluating clients and assessing their needs, developing and implementing case plans, and authorizing and monitoring services and program operations.

Positions allocated as Social Welfare Program Specialists within a Medicaid unit are primarily involved in program design, development, and implementation while Medicaid Services Specialists are primarily involved with program operations. Medicaid Services Specialists participate with supervisory staff and program specialists in program and policy development and implementation but involvement is typically limited in scope and relates to the specific program component(s) for which the Medicaid Services Specialist is functioning as a case manager or centralized program coordinator.

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SERIES CONCEPT (cont.)

Incumbents pre-screen individuals prior to admission to a Medicaid certified nursing facility and periodically re-screen nursing facility residents in order to assess the presence of indicators of mental illness or mental retardation; ensure a further evaluation by psychologist or psychiatrist is completed if such indicators are present; determine the appropriateness of nursing facility placement or alternate services; and recommend the level of nursing care. The pre-screening process includes: reviewing medical and social records; assessing support systems; consulting with discharge planners, physicians, and care givers; and observing and interviewing the individual.

Incumbents participate in periodic reviews of the care provided to Medicaid eligible residents in health facilities to substantiate level of care and PASARR status and ensure adequacy of services and resident care. The review process includes: reviewing medical records, facility records, and social service activities; observing residents; reviewing appropriateness of placement and level of care; documenting findings and deficiencies on appropriate forms; completing PASARR evaluations and documenting the medical review need for a higher level of skilled nursing care as necessary; assisting the team leader in preparing a report of findings, and participating in the exit conference. As assigned, incumbents also participate in independent professional reviews of intermediate care facilities for the mentally retarded to determine the quality of care, compliance with patient rights, and appropriateness of placement.

Incumbents review census/staffing worksheets to ensure compliance with Medicaid minimum requirements and recommend sanctions consisting of denial of admission/readmission of Medicaid clients for a specific period of time if the facility is not in compliance.

Incumbents assess potential clients' needs for case management services through use of an assessment tool to identify social service and/or medical needs; develop and implement a plan of care for those determined to be eligible for services; counsel and refer clients to services and/or contract with providers for services; maintain contact with clients through home visits and telephone calls; monitor the quality and cost of services provided to clients; periodically update the plan of care; submit payment authorization requests to administrative staff; and maintain case files. Case management services can be provided in conjunction with various Medicaid programs to include the disability/incapacity program, personal care aide program, rehabilitation program, home options waiver program and maternal obstetrical management program.

Incumbents process payment authorization requests from providers to ensure the requested service, treatment, equipment or supplies are medically necessary and in compliance with Medicaid criteria prior to approving or denying the request. The process includes: reviewing information in the clients' files for pertinent medical information and previous requests; evaluating medical necessity to justify payment by comparing the diagnosis and other medical information with the request; if necessary, referring the request to a medical consultant for another medical opinion; rendering a determination in accordance with Medicaid policy; and notifying the provider of the decision.

Incumbents participate in program and policy development and implementation by: reviewing and interpreting federal and state regulations; researching and collecting data; identifying needs and concerns of clients, providers, and division staff; serving on committees and coordinating with community resources; writing policies and procedures in the form of manual sections, procedure memorandums and provider bulletins and securing administrative approval; reviewing and updating procedure codes and unit values within the Medicaid master procedure file; conducting training sessions for Medicaid staff and providers; and responding to concerns and complaints expressed by clients and providers.

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SERIES CONCEPT (cont.)

Incumbents review records from the fiscal agent, providers and recipients and computer generated reports in order to monitor providers and recipients for abuse and potential fraud and to ensure claims were paid properly by the fiscal agent. Incumbents refer financial errors to the fiscal agent for readjustment and refer potential cases of fraud and abuse for further investigation.

Incumbents may supervise subordinate program personnel such as Resource Specialists and Program Assistants to include: selecting personnel; providing training; assigning and reviewing work; initiating disciplinary action; and evaluating performance. Incumbents may also interview and select contract providers such as personal care aides; assign clients to contract personnel; monitor the quality of care provided to clients; and submit billings for service provided to the fiscal agent for payment.

CLASS CONCEPTS

MEDICAID SERVICES SPECIALIST III

Under direction of a program chief, manager, supervisor, or program specialist, Medicaid Services Specialist III's perform the range of duties described in the series concept and function as a medical review team leader for health facility reviews the preponderance of the time. Incumbents may also act as a medical review team leader for independent professional annual reviews of intermediate care facilities for the mentally retarded.

As a medical review team leader for health facility reviews, incumbents perform duties which include: coordinating the facility review with team members, facility staff and administration; directing and overseeing the work performed by team members during the review; ensuring appropriate PASARR determinations are completed for all residents including those who are not Medicaid recipients; ensuring all Medicaid residents are at the correct level of care; ensuring facilities comply with minimum staffing requirements; conducting an exit conference with the facility's administrative staff; preparing a written report of the review findings and requesting corrective action; evaluating the adequacy of the plan of correction submitted by the facility and conducting a follow-up review if necessary; and referring severe problems noted during the facility review to the state licensing and certification agency for further evaluation.

This is the advanced journey level class of the series.

This class is distinguished from the lower level of the series by the responsibility for functioning as a medical review team leader for health facility reviews the preponderance of the time, requiring the incumbent to exercise a higher degree of independent, professional judgment.

MEDICAID SERVICES SPECIALIST II

Under direction of a program chief, manager, consultant, or Medicaid Services Supervisor, Medicaid Services Specialist II's, perform the range of duties described in the series concept. In addition, incumbents at this level may function as a lead person of a case management team, function as a program coordinator, and assist in the training of other Medicaid Services Specialists and providers. This is the journey level class of the series.

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CLASS CONCEPTS (cont.)

MEDICAID SERVICES SPECIALIST I

Under general supervision, Medicaid Services Specialist I's become familiar with Medicaid policies and procedures and receive training in the range of duties described in the series concept in preparation for progression to the next level of the series. Judgments are made in accordance with established policies and procedures and program exceptions are subject to prior review by a higher level Medicaid Services Specialist or supervisor. This is the entry level class of the series.

MINIMUM QUALIFICATIONS

MEDICAID SERVICES SPECIALIST III

EDUCATION AND EXPERIENCE:

BOTH OPTIONS:

I

One year of experience as a Medicaid Services Specialist II; OR

II

An equivalent combination of education and experience in which the applicant has demonstrated possession of the entry level knowledge, skills and abilities.

OPTION NOTE:

Options within this class will be designated at the time positions are classified.

LICENSE:

MEDICAL OPTION:

Licensure or certification by the State of Nevada in a health care profession applicable to the program assignment may be required at the time of appointment for some positions.

SOCIAL WORK OPTION:

Licensure or provisional licensure by the State of Nevada Board of Social Work Examiners to engage in social work as an independent Social Worker, Clinical Social Worker, Social Worker or associate in social work is required at the time of appointment. Employees must maintain licensure for continuing employment in this class.

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MINIMUM QUALIFICATIONS (cont.)

FULL PERFORMANCE KNOWLEDGE, SKILLS AND ABILITIES: (These may be acquired on the job and/or are needed to perform the work assigned.)

Working knowledge of nursing and medical practice sufficient to determine what problems/conditions/diagnoses are or are not being treated actively. Working knowledge of the annual review process as it applies in out-of-state nursing facilities. Working knowledge of Medicaid certification requirements.

Ability to determine how much staff monitoring is indicated for a particular facility's annual review utilizing input from team members as necessary. Ability to correctly complete the consultant activity report form, approving or denying specific time periods of consultant reimbursement. Ability to verbally present a diverse body of information collected during the annual review in a logical flowing manner and verbally respond to questions pertaining to the information presented. Ability to collect information from a number of identical forms and mentally organize the information sufficiently to present it orally to nursing facility staff in an oral exit conference and write a final annual review report. Ability to coordinate multiple procedures/actions of the review process simultaneously as needed, utilizing judgment to determine which procedures/actions can be done at what times. Ability to oversee the work done by team members which requires knowledge of all aspects of the work they perform during the annual review. Ability to incorporate a diverse body of information into a draft report format acceptable to the agency.

ENTRY LEVEL KNOWLEDGE, SKILLS AND ABILITIES: (Applicants will be screened for possession of these through written, oral, performance or other evaluation procedures.)

Working knowledge of the Pre-admission Screening and Annual Resident Review Program. Working knowledge of the Medicaid level of care criteria and the PASARR program/process sufficient to assist team members with difficult instances/cases. Working knowledge of Medicaid facility billing procedures and requirements sufficient to ascertain that required forms have been properly submitted. Working knowledge of Nevada Medicaid's facility review program. General knowledge of what constitutes a complaint about a nursing facility sufficient enough to document it and initiate appropriate follow-through or referral to another State agency.

Ability to appropriately interact with nursing facility residents and facility staff. Ability to maintain working relationships with team members and nursing facility staff sufficient to direct them in assisting in compiling information and elicit comments and general observations. Ability to communicate and interact effectively with health facility administrators, facility staff and residents.

In addition, all knowledge, skills and abilities required at the lower levels of the series.

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MINIMUM QUALIFICATIONS (cont.)

MEDICAID SERVICES SPECIALIST II

EDUCATION AND EXPERIENCE:

BOTH OPTIONS:

One year of experience as a Medicaid Services Specialist I; OR

MEDICAL OPTION:

I

Bachelor's degree from an accredited college or university with a major in a health care profession such as nursing, physical therapy, occupational therapy, or medical technology; and one year of professional experience in the designated medical specialty field; OR

II

An equivalent combination of education and experience in which the applicant has demonstrated possession of the entry level knowledge, skills and abilities.

LICENSE:

Licensure or certification by the State of Nevada in a health care profession applicable to the program assignment may be required at the time of appointment for some positions.

SOCIAL WORK OPTION:

I

One year of professional social work experience providing case management services.

LICENSE: Licensure by the State of Nevada Board of Social Workers as a Social Worker, Clinical Social Worker, independent Social Worker or associate in social work is required at the time of appointment. Employees must maintain licensure for continuing employment in this class.

OPTION NOTE:

Options within this class will be designated at the time positions are classified.

FULL PERFORMANCE KNOWLEDGE, SKILLS AND ABILITIES: (These may be acquired on the job and/or needed to perform the work assigned.)

ALL OPTIONS:

Working knowledge of Medicaid policies and procedures relative to the program assignment. Working knowledge of Medicaid service programs relative to the program assignment to include knowledge of service coverage, the billing process, and the authorization process. Working knowledge of third party payors such as Medicare and Champus as it relates to Medicaid programs as secondary insurance. General knowledge of child development and/or the aging process as related to the program assignment. Working knowledge of rehabilitative and assistive medical equipment, associated costs, and the function of equipment.

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MINIMUM QUALIFICATIONS (cont.)

FULL PERFORMANCE KNOWLEDGE, SKILLS AND ABILITIES: (cont.)

Ability to project the cost of medical services, equipment and supplies, and monitor the cost effectiveness of services for each individual client. Ability, through visual observation, to ascertain the general condition of facility residents and to help verify the level of care needed and received. Ability to read and interpret federal and state regulations. Ability to deliver oral group presentations to provide information, explain policies and procedures, promote programs, and further outreach efforts. Ability to incorporate a diverse body of information into reports, policies and procedures. Ability to supervise staff to include: organizing work flow, delegating responsibility, training, evaluating effectiveness, and administering discipline. Ability to exchange ideas, information, and opinions with others to formulate policies and programs.

MEDICAL OPTION:

Working knowledge of medical diagnoses, accompanying disabilities, and laboratory values. Working knowledge of the fundamental nursing process as it relates to care for the disabled, ill, and elderly with anatomical positional deformities, developmental disabilities, and other physical limitations.

ENTRY LEVEL KNOWLEDGE, SKILLS AND ABILITIES: (Applicants will be screened for possession of these through written, oral, performance or other evaluation procedures.)

ALL OPTIONS:

Working knowledge of medical terminology sufficient to interpret medical records and documents, assess client needs, design care plans, and order services. General knowledge of anatomy and physiology, pharmacology, and psychology.

Ability to process and analyze health and social information to determine risk factors and client needs. Ability to read and interpret Medicaid policies and procedures.

MEDICAL OPTION:

Working knowledge of the theories, principles, practices and methods of a health care profession applicable to the program assignment.

SOCIAL WORK OPTION:

Working knowledge of the theories, principles, practices and methods of social work.

In addition, all other knowledge, skills and abilities required at the lower level of this series.

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MINIMUM QUALIFICATIONS (cont.)

MEDICAID SERVICES SPECIALIST I

EDUCATION AND EXPERIENCE:

MEDICAL OPTION:

I

Bachelor's degree from an accredited college or university with a major in a recognized medical specialty such as nursing, physical therapy, occupational therapy, or medical technology; OR

II

Graduation from an accredited school of practical nursing and two years of experience as a practical nurse.

LICENSE:

MEDICAL OPTION:

Licensure or certification by the State of Nevada in a health care profession applicable to the program assignment may be required at the time of appointment for some positions.

SOCIAL WORK OPTION:

I

Licensure or provisional licensure to engage in social work in the State of Nevada as a Social Worker, Clinical Social Worker, independent Social Worker or associate in social work.

LICENSE: Licensure by the State of Nevada Board of Social Work Examiners is required at the time of appointment. Employees must maintain licensure for continuing employment in this class.

OPTION NOTE:

Options within this class will be designated at the time positions are classified.

FULL PERFORMANCE KNOWLEDGE, SKILLS AND ABILITIES: (These may be acquired on the job and/or needed to perform the work assigned.)

General knowledge of Nevada Medicaid program requirements, policies, procedures and limitations relative to program assignment. General knowledge of government and community based human service agencies, their services, roles and responsibilities in order to contact them to obtain needed information and make appropriate referrals. General knowledge of ICD-9 (International Classification of Diseases) codes, medications, and treatment.

Ability to prioritize assignments to complete work in a timely manner when there are changes in workload, changes in assignment, pressure of deadlines, competing requirements, and heavy workload. Ability to work independently and follow through on assignments with minimal direction.

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MINIMUM QUALIFICATIONS (cont.)

ENTRY LEVEL KNOWLEDGE, SKILLS AND ABILITIES: (Applicants will be screened for possession of these through written, oral, performance or other evaluation procedures.)

ALL OPTIONS:

General knowledge of counseling theories and techniques for counseling clients and family members. General knowledge of medical terminology in order to analyze client's medical records. General knowledge of basic family dynamics and their effect on individual behavior.

Ability to evaluate a client's condition sufficient to recognize basic medical and social needs and make appropriate recommendations for services and level of care. Ability to coordinate case work activities by determining the time, place, and sequence of action to be taken based on the analysis of data. Ability to interact with people of various social, cultural, economic, and educational backgrounds for the purpose of establishing a cooperative professional relationship. Ability to analyze information, problems, and situations, to identify relevant concerns or factors. Ability to work as part of a team to interact with Medicaid staff and community professionals. Ability to speak on a one-to-one basis using appropriate vocabulary and grammar to obtain information, explain policies and procedures and persuade others to provide a needed service for clients and their families. Ability to read and interpret technical documents such as medical records, psychological evaluations and policies. Ability to write concise, logical, grammatically correct correspondence, case narratives and reports.

MEDICAL OPTION:

General knowledge of the theories, principles, practices, and methods of a health care field applicable to program assignment.

SOCIAL WORK OPTION:

General knowledge of the theories, principles, practices, and methods of social work.

This class specification is used for classification, recruitment and examination purposes. It is not to be considered a substitute for work performance standards for positions assigned to this class.

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REVISED:	11/17/93UC	7/1/93P 10/23/92PC	7/1/93P 10/23/92PC
REVISED:		11/17/93UC	11/17/93UC